

5. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

- I certify that I have read and understand, consent, and agree to all of the terms and conditions of the WA529 Invest Program Details Booklet, and understand the rules and regulations governing rollover contributions from other 529 Plans and ESAs.
- I understand that IRS regulations permit only one such rollover for the same Beneficiary in a 12-month period for 529 Plan accounts.
- Please call WA529 Invest at **1-844-529-5845** if you have any questions concerning this process.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Medallion Signature Guarantee — IF APPLICABLE

Important Information. Your current 529 Plan may require a Medallion Signature Guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 Plan for instructions before mailing this form to WA529 Invest. You may be required to provide proof of your authority to act on behalf of this account to your bank or broker before a Medallion Signature Guarantee will be provided.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**
- **The lack of a required Signature Guarantee could delay this rollover.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the WA529 Invest Program Details Booklet.

SIGNATURE

Signature of Account Owner (In the presence of the authorized officer.)

SIGNATURE

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here

6. Authorization and acceptance (No Account Owner action is necessary in this section.)

WA529 Invest hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.



Authorized signature, WA529 Invest

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **WA529 Invest, P.O. Box 219072, Kansas City, MO 64121-9072**. Make the check payable to WA529 Invest. Include the Account Owner name and WA529 Invest Account number (if provided) on the check and enclose a statement that shows the principal and earnings in the account.

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